

Complete Summary

GUIDELINE TITLE

Care of the adolescent sexual assault victim.

BIBLIOGRAPHIC SOURCE(S)

Kaplan DW, Feinstein RA, Fisher MM, Klein JD, Olmedo LF, Rome ES, Samuel Yancy W, Adams Hillard PJ, Sacks D, Pearson G, Frankowski BL, Piazza Hurley T. Care of the adolescent sexual assault victim. Pediatrics 2001 Jun; 107(6):1476-9. [56 references]

COMPLETE SUMMARY CONTENT

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METHODOLOGY - including Rating Scheme and Cost Analysis

RECOMMENDATIONS

EVIDENCE SUPPORTING THE RECOMMENDATIONS

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

QUALIFYING STATEMENTS

IMPLEMENTATION OF THE GUIDELINE

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT

CATEGORIES

IDENTIFYING INFORMATION AND AVAILABILITY

SCOPE

DISEASE/CONDITION(S)

- Sexual assault, including rape
- Sexually transmitted disease (STDs), injuries, psychological disturbances, and/or pregnancy following sexual assault of adolescents

GUIDELINE CATEGORY

Counseling
Management
Treatment

CLINICAL SPECIALTY

Emergency Medicine
Family Practice
Infectious Diseases
Obstetrics and Gynecology
Pediatrics

Psychiatry
Urology

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

To present recommendations on the care of the adolescent sexual assault victim

TARGET POPULATION

Adolescent victims of sexual assault

INTERVENTIONS AND PRACTICES CONSIDERED

Treatment/Management/Counseling

1. Reporting of sexual assault
2. Evaluation of sexual assault and rape and forensic examination or referral for same, as appropriate
3. Diagnosis, prophylaxis and/or management of sexually transmitted diseases (STDs), or referral for same
4. Pregnancy prevention counseling, including postcoital contraception, or referral for same
5. Treatment of injuries related to sexual assault, or referral for same
6. Screening of adolescents for a history of sexual assault
7. Screening for mental health problems related to sexual assault
8. Provision of psychological support or referral for counseling and community services
9. Rape prevention counseling

MAJOR OUTCOMES CONSIDERED

- Rates of rape and other sexual assault among adolescents
- Adolescents' perceptions, attitudes, and reactions to sexual assault and rape
- Health behaviors and outcomes of rape

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

1. Pediatricians should be knowledgeable about the epidemiology of sexual assault in adolescence.
2. Pediatricians should be knowledgeable about the current reporting requirements for sexual assault in their communities.

3. Pediatricians should be knowledgeable about sexual assault and rape evaluation services available in their communities and when to refer adolescents for a forensic examination.
4. Pediatricians should screen adolescents for a history of sexual assault and potential sequelae.
5. Pediatricians should be prepared to offer psychologic support or referral for counseling and should be aware of the services in the community that provide management, examination, and counseling for the adolescent patient who has been sexually assaulted.
6. Pediatricians should provide preventive counseling to their adolescent patients regarding avoidance of high-risk situations that could lead to sexual assault.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting each recommendation is not specifically stated.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate care of the adolescent sexual assault victim

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2001 Jun

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics (AAP)

GUIDELINE COMMITTEE

Committee on Adolescence

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Committee on Adolescence (2000-2001): David W. Kaplan, MD, MPH, Chairperson; Ronald A. Feinstein, MD; Martin M. Fisher, MD; Jonathan D. Klein, MD, MPH; Luis F. Olmedo, MD; Ellen S. Rome, MD, MPH; W. Samuel Yancy, MD

Liaisons: Paula J. Adams Hillard, MD, American College of Obstetricians and Gynecologists; Diane Sacks, MD, Canadian Paediatric Society; Glen Pearson, MD, American Academy of Child and Adolescent Psychiatry

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Staff: Tammy Piazza Hurley

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline. This guideline updates a previously issued version (American Academy of Pediatrics, Committee on Adolescence. Sexual assault and the adolescent. Pediatrics 1994;94:761-5).

American Academy of Pediatrics (AAP) Policies are reviewed every 3 years by the authoring body, at which time a recommendation is made that the policy be retired, revised, or reaffirmed without change. Until the Board of Directors approves a revision or reaffirmation, or retires a statement, the current policy remains in effect.

GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Policy Web site](#).

Print copies: Available from the American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on May 7, 2002. The information was verified by the guideline developer on June 11, 2002.

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